1



South Dakota Board of Nursing

South Dakota Department of Health 722 Main Street, Sulte 3; Spearfish, SD 57783 (605) 642-1388; Fax: (605)642-1389; www.state.sd.us/doh/nursing

Nurse Aide Application for Re-Approval of Training Program

All Nurse Aide (NA) Training Programs in South Dakota must be approved by the South Dakota Board of Nursing pursuant to ARSD 44:04:18:15. Approval status is granted for a two-year period. Written approval or denial of approval will be issued within 90 days after receipt of the application. Send completed application and supporting documentation to:

South Dakota Board of Nursing

722 Main	Street, Sull SD 57783	te 3		<u> </u>	
Name of Institution: Donsett Hea	Speur	re Center Sish, Sout	h Dalcoto		and the same of th
Phone Number: 605-642-2714	Fax Nu	mber: <u>605-7</u>	22-015	7	
E-mail Address of Faculty: 16 elle missi ATTHERE IS no chail just for to	70-6	7		of the equipmentant to	
Select option(a) for Re-Approval: Request re-approval without changes to progressive curriculum 1. List personnel and licensure information 2. Complete evaluation of the curriculum Request re-approval with faculty changes and 1. List personnel and licensure information, and 2. Complete evaluation of the curriculum 3. Submit documentation to support request	l/or curricul attach curri	ium changes culum vitas, resume			ı.
Program Coordinator must be a registered provision of long-term care services. The Direct but may not perform training while serving as DC	nurse with	2 years nursing e ig (DON) may serve 44:04:18:10)	experience, at least simultaneously	1, MATERIAL NEW	
No.			RN LICENSE	le le	1
Name of Program Coordinator	State	Number	Expiration Date	Verification (Completed by SDBON)	4/9/12
Lee Ana Bell	5.0.	6D-RN R023769	9-1-12	Myhpu	" .
☐ If requesting new Program Coordinator, Primary Instructor must be a licensed nurse (provision of long-term care services. The primary		tot A a warmaly	a avnorionco at	least one of which is in the erial. (ARSD 44:04:18:11)	7
	Y	RN	OR LPN LICEN	SE	-
Name of Primary Instructor	State	Number	Expiration Date	Verification (Completed by SDBON)	4/9/12
Lee Ann Bell	6. D.	50-RNR028-769	9-1-12	UPAT LIPSON ILC	
If requesting new Primary Instructor, at		30.00			

practice, i.e. additional licensed nurses, social worker, physical therapist. (ARSD 44:04:18:12) If requesting new

Supplemental Personnel, attach curriculum vita, resume, or work history.



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Great Faces, Great PLACES.	LICENSURE/REGISTRATION			
– Supplemental Personnel & Credentials	State	Number	Evairation	(Completed by SDBON)
Brenda Fox RN Debries Tech CNN-Restorative Ai	\$. D.	SO-RN RO19060 4017 422 4001505	07/01/2013	\$ 8P
Linda Brantner CNA-Restorative At Amy Lynn Gorzalka Cer-SLP	Malichia	12090694	01/01/2013	

2. Complete Evaluation of the Curriculum: Indicate compliance relative to each standard during the previous two years. Explain any "no" responses on a separate sheet of paper. (Pursuant to ARSD 44:04:18 07, the Department of Health may conduct an unannounced on-site visit to determine compliance with requirements.)

Department of Health may conduct an unumbers	Yes	No
Standard	V	: 7
 Program was no less than 75 hours. Provided minimum 16 hours of instruction prior to students having direct patient 	1	
contact. Provided minimum 16 hours of supervised practical instruction; instructor ratio did not exceed 8	v .	
students for one Instructor.	<u></u>	
students for one instruction. Provided instruction on each content area (see ARSD 44:04:18:15):	1	
Basic nursing skills	V.	
Personal care skills		
Mental health and social services	1:	
Care of cognitively impaired clients	1.50	
Basic restorative nursing services	Lucy	′
 Residents' rights Students did not perform any patient services until after the primary instructor found the student 	1	1/1
to be competent	V .	1 1
 Students only provided patient services under the supervision of a licensed nurse Your agency maintains a 75% pass rate of students on the competency evaluation (written and skills exam taken through the SD Healthcare Association). 		

3.	Submit	Documentation to Support Requested Curriculum Changes:
Name o	f Course	(If applicable):
A variet instruct	y of teach lon, and o bmit refer	ning methods may be utilized in achieving the classroom instruction such as independent study, video online instruction. Tence list of teaching materials utilized (include name of book or resource, publisher, publication date, etc.)
Submit	documen haviorally rriculum, A mini	station that supports requirements listed in ARSD 44:04:18:15, including: stated objectives with measurable performance criteria for each unit of curriculum objectives and agenda documenting the requirements for the minimum 75 hour course as follows: mum of 16 hours of instruction prior to student having direct patient contact; the 16 hours must include: Communication and interpersonal skills, infection control, safety/emergency procedures, promoting
		mum of 16 hours of supervised practical instruction with enough instructors to ensure sale and and an armony many representation and provided the students for one instructor.
	Instru	ction in each of the following content areas (see ARSD 47.04.18.15 for mind decay); client environment Basic nursing skills (including documentation) including: vital signs; height and weight; client environment needs; recognizing abnormal changes in body functioning and the importance of reporting such changes
		to a supervisor; and caring for dying clients; Personal care skills, including: bathing; grooming, including mouth care; dressing; tolleting; assisting with eating and hydration; feeding techniques; skin care; and transfers, positioning, and turning;



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GREAT FACES, G	NEAT PLACES.
	Mental health and social services, including: responding appropriately to behaviors; awareness of developmental tasks associated with aging process; respecting personal choices and preserving client dignity, and recognizing sources of emotional support;
	Care of cognitively Impaired clients, including: communication and techniques for addressing unique
	Basic restorative nursing services, including: self-care; use of assistive devices in transferring, ambutation, eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care eating, and dressing; range of motion; turning and positioning in bed and chair; bowel and bladder care
0	Residents' rights, including: privacy and confidentiality; self-determination; reporting grievances and disputes; participating in groups and activities; security of personal possessions; promoting an environment free from abuse, mistreatment, and neglect and requirement to report; avoiding restraints.
Program Coore	dinator Signature: Los Carr Boll Date: 4/5/2010
This section to	be completed by the South Dakota Board of Nursing
Date Application	Date Application Denied:
Date Approved	Reason for Denial:
Expiration Date	e of Approval: April 2014 (end of)
Board Represe	intative: Sithies
Date Notice Se	ent to Institution: 4/13/12

LEE ANN BELL

222 West Nevada Street

Spearfish, South Dakota 57783

(605) 722-1492

OBJECTIVE: To administer a comprehensive program of Infection control while delivering the highest standard of staff support.

WORK **EXPERIENCE:**

2006-PRESENT STAFF DEVELOPMENT COORDINATOR & QI COORDINATOR, REGISTERED NURSE & DOT COLLECTOR FOR DRUG SCREENING.

Dorsett Regional Sentor Care, Spearfish, SD Responsible for Infection Control within the facility as well as Staff Education & Orientation, CRA Class Instructor, Test Administrator for CRA Licensure and DOT Collector for Drug Screening.

1989-2006 REGISTERED NURSE

Dorsett Regional Senior Care, Spearfish, SD Staff Nurse In Charge of administering care in all facets of Gerlatric health, from Alzheimer's to acute care units.

1983-1989 Owner/Operator

Black Hills Movie Library, Spearfish, SD All duties commensurate with video retail operation i.e. inventory, personnel, banking etc.

1975-1983 Owner / Operator

Taço John's, Durango, CO and Farmington, NM Dutles commensurate with multiple fast food operation in the Southwest.

1971-1972 Registered Nurse

Hot Springs County Memorial Hospital, Thermopolis, WY Regular staff nursing duties with additional training in CCU and ICU.

HUMAN **RELATIONS:** Instrumental in initiating hospice program in Durango, CO

EDUCATION: University of Minnesota, Minneapolis, MN (1968-1969)

Swedish Hospital School of Nursing, Minneapolis, MN (1969-1972)







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Evaluations & Surveys

Certification Detail: HSCAR803-Nurse Assistant Training (r.09) Instructor (Version: 1.0)

Description

individuals with this certification are certified to teach cou

the Nurse Assistant (r,09) program.

Person Name

Lee Ann Bell

Assigned By

Plateau Migration

Assigned On

12/31/2009

Status

Acquired

Selected Path

Initial Certification

Acquired On

12/31/2009

Expiration Date

06/30/2012

Recertification Starts On

10/02/2011

Main Recent Acquisition History

Complete Progress Report

View assignment and past acquisition history of this certification.

Progress Report

Export Mod

Status

Updated On

Acquired

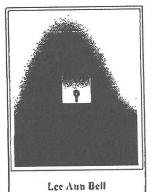
10/07/2010 3:15 PM

Details

Acquired On: 12/31/2009 Path:

Expiration Date: 06/30/2012

Internal Resume View of Lee Ann Bell



Name; Lee Ann Bell

Title:

Email: Ibeli@missionhealthcare.org

Office Phone:

Manager:

Location: SD-Western South Dakota

Organization: David M. Dorsett Healthcare Center

Job Type:

Page Loft

Licenses and Certifications

Internal Licenses and Certifications

12" , 17(.]

HSCAR803-Nurse Assistant Training (r.09) Instructor acquired on 12/31/2009 and expires on 06/30/2012.

American Red Cross

Authorized Provider Agreement

This Authorized Provider Agreement ("Agreement") effective as of March 1, 2011 ("Effective Date") is between

Black Hills Chapter (The "Chapter")

and

Dorsett Regional Senior Care (The "Authorized Provider" or "AP")

The Chapter is a unit of the American National Red Cross, a not-for-profit corporation chartered by an act of U.S. Congress, the principal place of business of which is located at 1221 North Maple Avenue, Rapid City, SD, 57701, and among other things, provides first aid, CPR, aquatics, water safety, HIV/AIDS prevention education, mission related caregiving and other health and safety education programs.

The principle place of business of the AP is located at: 1020 10th Street, Spearfish, SD, 57783;

The Chapter desires to work with the AP to provide American Red Cross training in the jurisdiction set forth in Section 4 below.

In consideration of the statements, terms and conditions contained within this Agreement, the Chapter and the AP (the "Parties"), intend to be bound by this Agreement and agree to the following:

1.0 Responsibilities of the Chapter:

The Chapter shall:

- 1.1 Support the health and safety education of the AP's employees, members, and/or clients in the AP's provision of American Red Cross training Courses ("Courses") at the fees set forth in Appendix A. The guaranteed AP fees set forth in Appendix A shall include record keeping, certificate processing, administration, promotional assistance, and support services ("AP Fee"). Any Additional Services ("Additional Services") may be available for additional fees as outlined in Appendix A. Fees in Appendix A may change pursuant Section 3.0.
- 1.2 Train all potential instructors from the AP to teach the Courses at the fees ("Training Fees") set forth in Appendix A so long as such instructors meet the American Red Cross training prerequisites. These potential instructors shall be authorized as American Red Cross Health and Safety instructors upon successful completion of the training and upon signing an Agreement to teach the Courses. A complete list of the AP's instructors is set forth in Appendix B, which shall be unilaterally modified by the Chapter in the event instructors are added or deleted. Fees in Appendix A may change pursuant Section 3.0.
- 1.3 Upon request and depending on availability: (a) subject to <u>Paragraph 2.10</u>, use best efforts to provide the AP with equipment that the AP does not possess which is necessary for an instructor to provide the Course(s) as listed, and at the rental fees, set forth in <u>Appendix A</u> ("Equipment and Supplies"); and (b) provide the Course Materials ("Course Materials") and Instructor Materials ("Instructor Materials") as set forth in <u>Appendix A</u>. If the fees in <u>Appendix A</u> change the Chapter will notify the AP a minimum of 90 days prior to implementation. Fees in <u>Appendix A</u> may change pursuant <u>Section 3.0</u>.
- 1.4 Maintain all Course Records ("Course Record") provided to the Chapter by an instructor for a period of five (5) years following the date of the Course.
- 1.5 Support and evaluate the instructors by providing them with the following: (a) Applicable policies and procedures and any revisions or modifications thereto; (b) Upon expiration of an instructor's authorization, reauthorize such instructors so long as such instructors meet American Red Cross reauthorization

requirements; and (o) Opportunities for volunteer and professional skill development with the Chapter.

- Provide invoice to the Authorized Provider within 30 days unless otherwise specified in <u>Appendix A.</u> for the fees related to the Courses, equipment rental, and Course/Instructor Materials, Additional Services, training, and retraining of Course Participants ("Course Participants") as set forth in <u>Paragraph 1.9</u> below.
- 1.7 Verify all instructor authorizations and notify the AP in the event an instructor is no longer authorized to teach Courses.
- 1.8 Throughout the term of this Agreement (as defined in <u>Paragraph 5.1</u>), maintain a close and engoing supportive relationship with the AP and its instructors by contacting the AP a minimum of 2 times per year.
- If during any phase of evaluation, the training conducted by an AP's instructor is found to be below minimum American Red Cross standards for that Course and the Chapter determines that retraining is required for the participants that attended the Course where training was found to be below minimum standards, the retraining will be conducted by the Chapter. The AP will be responsible for the cost of retraining as outlined in Paragraph 2.4. The Chapter will invoice the AP for the cost of the training at the amount equal to the published full service contract price or the training price minus the cost of books and materials the Course Participants may already have. The Chapter also reserves the right to suspend or withdraw the authorization of an instructor for due cause. Due cause generally means that the instructor does not or will not abide by the standards, policies, or procedures of the Red Cross and its programs or in some way abuses the position of an authorized Red Cross instructor. Some examples follow here but are by no means exhaustive; each case is reviewed individually, taking into account all relevant circumstances. Examples are
 - a. An instructor refuses to teach a nationally standardized Course according to the guidelines and Course requirements or is found to be deficient in either knowledge or performance skills.

b. An instructor falsifies records or provides false information to the Chapter.

c. An instructor consistently fails to communicate his or her teaching activity in an appropriate way to the Chapter (e.g., does not notify the Chapter when a Course is to be taught, does not process Course Record forms within 10 working days, and so forth).

d. An instructor exhibits behavior inconsistent with standards established and agreed to in the Instructor Agreement and expected of a Red Cross instructor, as indicated by repeated poor evaluations from participants, or behaves in ways that participants find offensive or insulting (e.g., making sexual advances or telling racially, socially, or sexually insensitive jokes).

e. An instructor behaves in ways that do not reflect support for the American Red Cross as an organization and that, in fact, could harm the public perception of the American Red Cross in the community.

- f. An instructor is convicted of a violent or serious crime, such as sexual molestation, embezzlement, assault, or any crime that calls into question his or her teaching or leadership responsibilities.
- 1.10 Designate Russ Korzeniewski, Director of Programs and Services, as a representative of the Chapter to act as a point of contact to the AP at the address and telephone number set forth in Section 7 below ("Chapter Representative") and notify the AP within 90 days if that individual changes.
- 1.11 Unless otherwise indicated on the Course Record, arrange for completed Course certificates to be delivered to the AP at the address set forth in <u>Section 7</u> within ten (10) business days after receipt of a properly completed Course Record.
- 1.12 As needed and upon request, provide the AP with any American Red Cross promotional materials for use by the AP in promoting the Courses.

2.0 Responsibilities of the AP:

The AP shall:

2.1 Identify qualified instructor candidates to be trained and authorized as instructors and inform the Chapter

when it becomes aware of any modifications that should be made to Appendix B.

- Support each instructor's compliance with American Red Cross policies and procedures by ensuring that such Instructors; (a) Are available to participate in periodic training, retraining or other related events throughout the term to gain and maintain sufficient levels of skill, knowledge and understanding to conduct the Courses; (b) Supply only American Red Cross Course Materials for use during the Courses, (c) Provide visual identification of the American Red Cross name and emblem during the Courses using materials provided or approved by the Chapter; and (d) Submit properly completed Course Records and Course evaluation forms to the Chapter within ten (10) business days of Course completion unless special arrangements are made with the Chapter.
- 2.3 With respect to the Course Participants: (a) Notify Course Participants that they will be participating in American Red Cross Courses in accordance with American Red Cross standards; (b) In advance of each Course, provide Course Participants with information about Course prerequisites, completion requirements, and other necessary information; (c) Ensure that Course Participants who have successfully met the Course prerequisites, objectives, and certification requirements receive American Red Cross certificates.
- 2.4 Reimburso the Chapter for retraining of Course Participants conducted pursuant to <u>Paragraph 1.9</u>. The cost of the retraining will be at the amount equal to the published full service contract price minus the cost of books and materials the Course Participants may already have.
- 2.5 Provide payment to the Chapter within 30 days of an invoice date unless otherwise specified in Appendix A.
- 2.6 Provide to the Chapter the names and copies of the authorizations of any previously authorized Red Cross instructors that are new to the AP at least ten (10) days before the instructor teaches a Course in order for the Chapter to ensure that such instructor is qualified to be the instructor.
- 2.7 Notify the Chapter of dates, times, and locations for each Course at least 10 days before the Course start date.
- 2.8 Refrain from revising, editing, or duplicating any materials, in whole or in part, including, but not limited to Course videos, for teaching Courses or for any other purpose, unless specifically approved in writing by the American National Red Cross. Requests for any modifications to the materials are to be channeled through the Chapter. The AP understands and agrees that all such promotional materials must be provided by the Chapter, or approved by the Chapter in advance of publication.
- 2.9 Obtain the materials in quantities sufficient for each Course Participant to have and retain his or her own copy. Course workbooks, textbooks and/or skills cards cannot be used for more than one Course Participant unless permission to do so is granted by the Chapter in writing. Authorized Providers conducting training in more than one Red Cross Chapter jurisdiction will not be granted rights to reuse workbooks, textbooks and/or skills cards for more than one Course Participant.
- 2.10 Maintain responsibility for the equipment and promptly return such equipment to the Chapter in the same condition the equipment was received by the AP. The AP shall be responsible for the cost of any damage to such equipment while in the possession of the AP. Upon receipt and inspection of the equipment, the AP shall report to the Chapter any equipment in need of service, repair, or replacement.
- 2.11 Be responsible for all claims and liabilities of any nature whatsoever that arise out of an AP offered Red Cross Course. Red Cross insurance does not extend to the AP or its instructors. Therefore, it is the responsibility of the AP to obtain adequate insurance to cover its operations and Course instruction.
- 2.12 Designate LeeAnn Bell, Instructor, as a representative of the AP to act as a point of contact to the Chapter at the address and telephone number set forth in <u>Section 7</u> below and notify the Chapter within 30 days if that individual changes. In the event the AP has multiple facilities, the individuals set forth in <u>Appendix C</u> shall serve as additional points of contact.

- 2.13 Provide classrooms and other facilities to teach the Courses that are safe, conducive to learning and meet the minimum space requirements as set forth in the Instructor Materials. The AP shall allow the Chapter Representative or a designee to inspect the AP's real and personal property used to teach the Courses and to perform random observations of the instructors during the provision of Courses.
- 2.14 Submit any literature or materials using the name and/or emblem of the American Red Cross to the Chapter for written approval before printing or distribution of such literature or materials.
- 2.15 Encourage its instructors to provide volunteer services for the American Red Cross.

3.0 Chapter Fees:

The Chapter reserves the right to change the fees contained in <u>Appendix A</u> at its sole discretion. The Chapter will notify the AP a minimum of 30 days prior to the effective date of any such fee changes. As part of this notice, the Chapter will provide the AP with a new <u>Appendix A</u>. If the AP does not agree to the fee changes, it has the right to terminate the Agreement pursuant to <u>Section 5</u>. Changes to <u>Appendix A</u> will not effect any other provisions contained within this Agreement.

4.0 Jurisdiction of Agreement:

This Agreement is limited to the geographical jurisdiction of the American Red Cross Chapter(s) and at the locations set forth below:

Chapter	Geographical Jurisdiction (County, City, State)
Black Hills Chapter	West River, South Dakota

5.0 Term and Termination:

- This Agreement shall commence on the effective date with automatic one-year renewals thereafter on the anniversary of the commencement date, unless either Party gives written notice to the other of its desire not to renew at least 30 days prior to the commencement of any renewal period, or unless otherwise terminated sooner in accordance with Paragraph 5.2 of this Agreement (the "Term").
- 5.2 At any time, either Party may terminate this Agreement with thirty (30) days written notice to the non-terminating Party.
- 5.3 Upon termination of this Agreement, the obligations of both Parties, including, but not limited to the provision of payment, shall remain in effect until all scheduled Courses are completed.
- 5.4 In the event of any termination of this Agreement, the Parties are still obligated and committed to follow the provisions of Sections 6, 7, 8, 12 and this Paragraph 5.4 indefinitely.

6.0 Limitation of Liability:

Notwithstanding anything in this Agreement to the contrary, neither Party shall be liable to the other for any loss or damage arising as a result of breach, non-performance or partial performance of its obligations under this Agreement due to any cause beyond that Party's reasonable control and without its fault or negligence.

7.0 Notices:

All notices to include appendices that each Party is required to give to the other Party shall be given to each of the Parties in writing to the names and addressees as follows:

If to the Chapter:

Chapter Name:

Black Hills Chapter

Address:

1221 North Maple Avenue, Rapid City, South Dakota, 57701

Attn:

Russ Korzeniewski, Director of Programs and Services

Phone Number:

605-342-4010

Fax Number:

605-342-2161

E-mail Address:

rkorzarc@rushmore.com

If to the AP: AP Name: Address:

Attn:

Phone Number: Fax Number: E-mail Address:

Notice of termination of this Agreement by either Party must be delivered by certified U.S. First-Class Mail, return receipt requested.

8.0 Confidentiality and Trade Names:

- 8.1 Except as otherwise provided herein, each Party shall maintain the confidentiality of all provisions of this Agreement. Without the prior written consent of the other Party, neither Party shall make any press release or other public announcement of, or otherwise disclose, this Agreement or any of its provisions to any third Party except for such disclosures as may be required by applicable law or regulation, in which case the disclosing Party shall provide the other Party with prompt advance notice of such disclosure so the other Party has the opportunity, if it so desires, to seek a protective order or other appropriate remedy.
- 8.2 Each Party recognizes that the name, logo and marks of the other Party represent valuable assets of that Party and that substantial recognition and goodwill are associated with such assets. Each Party hereby agrees that neither it nor any of its affiliates shall use the other Party's name, logo or marks without prior written authorization from such other Party.
- 8.3 This Agreement grants no rights in any of the American Red Cross or Chapter's Courses or Course Materials or other intellectual property to customer.

9.0 Entire Agreement and Amendments:

- 9.1 Concerning the subject matter hereof, this Agreement constitutes the entire Agreement between the Parties and supersedes all prior Agreements and undertakings, both written and oral, between the Parties.
- 9.2 This Agreement shall not be amended or otherwise modified unless both of the Parties affirmatively and unanimously agree to such amendment and/or modification in writing.

10.0 Severability:

In the event any provision of this Agreement is held invalid, illegal or unenforceable (any such provision, an "Invalid Provision") in any jurisdiction, the Parties shall promptly negotiate in good faith a lawful, valid and enforceable provision. This new provision must be as similar in terms to the invalid provision as may be possible in order to keep with the intention of the original Agreement.

.1.0 Exculpatory Clause:

It is understood and agreed that wherever in this Agreement the term "Chapter" is used it shall mean the Chapter(s) of The American National Red Cross set forth in Section 4; that said Chapter(s) are duly constituted local unit of The American National Red Cross, a federal instrumentality (36 U.S. Code 1 et seq.); and that all obligations of the "Chapter" under this Agreement shall be undertaken and completed exclusively by said Chapter(s) without resort in any event to, or commitment of, the funds and property of the American National Red Cross or any unit thereof other than the Chapter(s).

12.0 Independent Contractors:

Each of the Parties shall be furnishing its services hereunder as an independent contractor, and nothing herein shall create any association, partnership or joint venture between the Parties or an employer-employee relationship. No agent, employee or servant of either Party shall be, or shall be deemed to be, the employee, agent or servant of the other Party, and each Party shall be solely and entirely responsible for its acts and the acts of its agents, employees and servants.

13.0 Assignment and Subcontracting:

This Agreement shall not be assigned in whole or in part and no Party shall delegate or subcontract all or part of its duties under this Agreement without the prior written consent of the other Party.

IN WITNESS WHEREOF, the Parties hereto, acting through their duly authorized officers, have executed this Agreement as of the Effective Date.

CHAPTER

REPRESENTATIVE

AUTHORIZED PROVIDER REPRESENTATIVE

SIGNATURE.

DATE:

Russ Korzeniewski

PRINTED NAME:

Director of Programs and Services TITLE:

PHONE NUMBER: 605-342-4010 FAX NUMBER: 605-342-2161

E-MAIL: rkorzarc@rushmore.com

APPENDIX A COURSES, EQUIPMENT, MATERIALS AND FEES

- A. Courses: American Red Cross Nurse Assistant Training Course
- B. Equipment and Supplies:

Equipment	Rental Fee	Per
Manikins Adult/Infant	\$25.00	10 pack
Automated Defibrillator Trainer	\$25.00	Each
	\$10.00	Each
]

C. Course/Instructor Materials:

Item Description/Stock Number	Cost	Unit
#654080 NAT Participants Manual	\$40,00	Each
#654082 NAT DVD	\$395.00	Each
#654081 NAT Instructors Manual	\$55.00	Each
		
Prices are subject to change without notice per our suppliers.		

D. Training Fees:

Fee Description	Fee	Unit
Authorized Provider Fees for each student	\$10.00	Each

- E. Special billing or payment instructions (Optional):
- F. Additional Services (Optional):

2012

Training Material Used

Dorsett Healtheare Center 1000 10th Street Spearfiel, South Dakate 57783

Purse assistant Training (american National Red Cross) # 654080

2nd edition tept book (etulist teptbook)

Copyright @ 2008 by the american National Red Cross

Musse and to + Training Instructor's Manual

Nurse Cissistant Training Instructor's Manual Induction # 654081 Copyright @ 2009 by the american National Red Cross

american Red Cross Nurse assistant Training # 654082 3-DVD'S Copyright @ 2009 by american National Red Cross